VNS Health EasyCare (HMO)
Future Formulary Changes (Updated on 6/25/26)

Some of the brand name drugs listed below will be removed from the Formulary and will no longer be covered. These drugs can be replaced by alternate or generic drugs. Please refer to the list below for more information.

If you have any questions, please call us at 1-866-783-1444 (TTY: 711), 7 days a week,
8 am – 8 pm (Oct. – Mar.) and weekdays, 8 am – 8 pm (Apr. – Sept.).

Effective Date	Drug Name	Change Description	Reason Description	Alternate Drugs and Tier
2/1/2026	DIFICID 200 MG ORAL TABLET	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	FIDAXOMICIN 200 MG ORAL TABLET-5
2/1/2026	GLEOSTINE 100 MG ORAL CAPSULE	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	LOMUSTINE 100 MG ORAL CAPSULE-5
2/1/2026	PREMARIN 1.25 MG ORAL TABLET	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	CONJUGATED ESTROGENS 1.25 MG ORAL TABLET-2

CMS Formulary ID: 26373 (EasyCare)

Effective Date	Drug Name	Change Description	Reason Description	Alternate Drugs and Tier
2/1/2026	PREMARIN 0.9 MG ORAL TABLET	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	CONJUGATED ESTROGENS 0.9 MG ORAL TABLET-2
2/1/2026	GLEOSTINE 40 MG ORAL CAPSULE	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	LOMUSTINE 40 MG ORAL CAPSULE-5
2/1/2026	PREMARIN 0.45MG ORAL TABLET	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	CONJUGATED ESTROGENS 0.45MG ORAL TABLET-2
2/1/2026	PREMARIN 0.3 MG ORAL TABLET	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	CONJUGATED ESTROGENS 0.3 MG ORAL TABLET-2
2/1/2026	GLEOSTINE 10 MG ORAL CAPSULE	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	LOMUSTINE 10 MG ORAL CAPSULE-2

Effective Date	Drug Name	Change Description	Reason Description	Alternate Drugs
2/1/2026	PREMARIN 0.625 MG ORAL TABLET	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	CONJUGATED ESTROGENS 0.625 MG ORAL TABLET-2
3/1/2026	USTEKINUMAB 130MG/26ML INTRAVEN. VIAL	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	SELARSDI 130MG/26ML INTRAVEN. VIAL-5
3/1/2026	STELARA 130MG/26ML INTRAVEN. VIAL	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	SELARSDI 130MG/26ML INTRAVEN. VIAL-5
3/1/2026	USTEKINUMAB 45MG/0.5ML SUBCUTANE. VIAL	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	SELARSDI 45MG/0.5ML SUBCUTANE. VIAL-3
3/1/2026	STELARA 45MG/0.5ML SUBCUTANE. VIAL	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	SELARSDI 45MG/0.5ML SUBCUTANE. VIAL-3

Effective Date	Drug Name	Change Description	Reason Description	Alternate Drugs
3/1/2026	USTEKINUMAB 90 MG/ML SUBCUTANE. SYRINGE	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	USTEKINUMAB-AAUZ 90 MG/ML SUBCUTANE. SYRINGE-3
3/1/2026	STELARA 90 MG/ML SUBCUTANE. SYRINGE	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	USTEKINUMAB-AAUZ 90 MG/ML SUBCUTANE. SYRINGE-3
3/1/2026	STELARA 45MG/0.5ML SUBCUTANE. SYRINGE	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	USTEKINUMAB-AAUZ 45MG/0.5ML SUBCUTANE. SYRINGE-3
3/1/2026	USTEKINUMAB 45MG/0.5ML SUBCUTANE. SYRINGE	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	USTEKINUMAB-AAUZ 45MG/0.5ML SUBCUTANE. SYRINGE-3
4/1/2026	RIVAROXABAN 2.5 MG ORAL TABLET	QL ADD	ADDITION OF UTILIZATION MANAGEMENT REQUIREMENT DUE TO NEW CLINICAL GUIDELINES	N/A

Effective Date	Drug Name	Change Description	Reason Description	Alternate Drugs
4/1/2026	BRILINTA 90 MG ORAL TABLET	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	TICAGRELOR 90 MG ORAL TABLET-2
4/1/2026	FYCOMPA 0.5 MG/ML ORAL ORAL SUSP	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	PERAMPANEL 0.5 MG/ML ORAL ORAL SUSP-5
4/1/2026	XGEVA 120 MG/1.7 SUBCUTANE. VIAL	DELETION OF DRUG FROM FORMULARY	REMOVAL OF DRUG FROM FORMULARY DUE TO NEW CLINICAL GUIDELINES	N/A
5/1/2026	TEFLARO 600 MG INTRAVEN. VIAL	BRAND DELETION, ADD FRF GENERIC	GENERIC DRUG AVAILABLE AT LOWER TIER	CEFTAROLINE FOSAMIL 600 MG INTRAVEN. VIAL-5
5/1/2026	TEFLARO 400 MG INTRAVEN. VIAL	BRAND DELETION, ADD FRF GENERIC	GENERIC DRUG AVAILABLE AT LOWER TIER	CEFTAROLINE FOSAMIL 400 MG INTRAVEN. VIAL-5
5/1/2026	ZYLET 0.3%-0.5% OPHTHALMIC DROPS SUSP	BRAND DELETION, ADD FRF GENERIC	GENERIC DRUG AVAILABLE AT LOWER TIER	TOBRAMYCIN-LOTEPREDNOL 0.3%-0.5% OPHTHALMIC DROPS SUSP-2
5/23/2026	TAZVERIK 200 MG ORAL TABLET	DELETION OF DRUG FROM FORMULARY	PRODUCT WITHDRAWN FROM MARKET	N/A

Effective Date	Drug Name	Change Description	Reason Description	Alternate Drugs
6/1/2026	BRIVIACT 10 MG/ML ORAL SOLUTION	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	BRIVARACETAM 10 MG/ML ORAL SOLUTION-2
6/1/2026	BRIVIACT 10 MG ORAL TABLET	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	BRIVARACETAM 10 MG ORAL TABLET-5
6/1/2026	BRIVIACT 25 MG ORAL TABLET	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	BRIVARACETAM 25 MG ORAL TABLET-5
6/1/2026	BRIVIACT 50 MG ORAL TABLET	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	BRIVARACETAM 50 MG ORAL TABLET-5
6/1/2026	BRIVIACT 75 MG ORAL TABLET	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	BRIVARACETAM 75 MG ORAL TABLET-5

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6/1/2026	BRIVIACT 100 MG ORAL TABLET	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	BRIVARACETAM 100 MG ORAL TABLET-5
7/1/2026	XIGDUO XR 10MG-500MG ORAL TAB BP 24H	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	DAPAGLIFLOZIN-METFORMIN ER 10MG-500MG ORAL TAB BP 24H-2
7/1/2026	OFEV 100 MG ORAL CAPSULE	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	NINTEDANIB ESYLATE 100 MG ORAL CAPSULE-5
7/1/2026	OFEV 150 MG ORAL CAPSULE	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	NINTEDANIB ESYLATE 150 MG ORAL CAPSULE-5
7/1/2026	FARXIGA 5 MG ORAL TABLET	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	DAPAGLIFLOZIN 5 MG ORAL TABLET-2

Effective Date	Drug Name	Change Description	Reason Description	Alternate Drugs
7/1/2026	XIGDUO XR 5 MG-500MG ORAL TAB BP 24H	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	DAPAGLIFLOZIN-METFORMIN ER 5 MG-500MG ORAL TAB BP 24H-2
7/1/2026	FARXIGA 10 MG ORAL TABLET	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	DAPAGLIFLOZIN 10 MG ORAL TABLET-2
8/1/2026	TASIGNA 200 MG ORAL CAPSULE	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	NILOTINIB HCL 200 MG ORAL CAPSULE-5
8/1/2026	METFORMIN HCL 750 MG ORAL TABLET	DELETION OF DRUG FROM FORMULARY	FORMULARY DELETION	N/A
8/1/2026	TASIGNA 50 MG ORAL CAPSULE	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	NILOTINIB HCL 50 MG ORAL CAPSULE-5

Effective Date	Drug Name	Change Description	Reason Description	Alternate Drugs
8/1/2026	TASIGNA 150 MG ORAL CAPSULE	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	NILOTINIB HCL 150 MG ORAL CAPSULE-5